

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 5-9-01 through 8-14-01.
- b. The request was received on 5-9-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (4), the Division forwarded a copy of the requestor's additional documentation to the carrier on 8-7-02. The respondent did not respond to the additional documentation. It's initial response is reflected in Exhibit II.
4. Notice of "Additional Information submitted by Requestor" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 7-31-02:

"I would like to add further justification for reimbursement for the unpaid services. As ___ states in her letters, the matter of this dispute is a long-running problem with the (carrier)... They do not give 'verbal disclaimers' as the written authorizations sometimes claim. Even if they did, the manner in which their written authorizations read VIOLATES TDI RULES for determining medical necessity... This carrier is directing care. For each date of service, they have authorized physical therapy, but want to limit the sessions to one or two activities which cannot even begin to address (claimant's) post-surgical needs."

2. Respondent: No position statement noted.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 5-9-01 and extending through 8-14-01.
- The Carrier denied the disputed services as reflected on the EOBs as, “A – PRE-AUTHORIZATION NOT OBTAINED”; “F – REIMBURSEMENT FOR YOUR RESUBMITTED INVOICE HAS BEEN CONSIDERED, NO ADDITIONAL MONIES ARE BEING PAID AT THIS TIME. SERVICE RENDERED REQUIRES PRE-AUTHORIZATION”; “N – DOCUMENTATION INDICATES THAT THE PRIMARY PURPOSE OF THE VISIT WAS TO DELIVER PHYSICAL MEDICINE OR REHABILITATION SERVICES THAT HAVE NOT BEEN PREAUTHORIZED SIGNIFICANT; SEPARATELY IDENTIFIABLE E&M SVC HAVE NOT BEEN DOCUMENTED.”
- The carrier only preauthorized CPT Code 97530 on each of the three preauthorization letters. It was noted on the letter, “This certification applies only to the specific service(s) listed above. Additional services will require separate review.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
5-9-01 5-10-01 5-15-01 5-17-01 5-18-01	97010 for all dates of service	\$20.00 for all dates of service	\$-0- for all dates of service	A, F A A, F A A, F A, F	\$11.00	TWCC Rule 134.600 (h) (10) (A); CPT Descriptor	The Carrier has denied the disputed services as “A and F”. In both denial codes the carrier has raised the issue of preauthorization. Preauthorization was not obtained for CPT Code 97010. Therefore, no reimbursement is recommended.
6-20-01 7-25-01	97014 for all dates of service	\$25.00 for all dates of service	\$-0- for all dates of service	A, F A	\$15.00	TWCC Rule 134.600 (h) (10) (A); CPT Descriptor	The Carrier has denied the disputed services as “A and F”. In both denial codes the carrier has raised the issue of preauthorization. Preauthorization was not obtained for CPT Code 97014. Therefore, no reimbursement is recommended.

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6-22-01 7-24-01 7-26-01 8-8-01 8-9-01	97035 for all dates of service	\$28.00 for all dates of service	\$-0- for all dates of service	A, F A A A A	\$22.00	TWCC Rule 134.600 (h) (10) (A); CPT Descriptor	The Carrier has denied the disputed services as "A and F". In both denial codes the carrier has raised the issue of preauthorization. Preauthorization was not obtained for CPT Code 97035. Therefore, no reimbursement is recommended.
6-22-01 8-8-01 8-10-01 8-14-01	97124 for all dates of service	\$33.00 for all dates of service	\$-0- for all dates of service	A, F A A, F A, F	\$28.00	TWCC Rule 134.600 (h) (10) (A); CPT Descriptor	The Carrier has denied the disputed services as "A and F". In both denial codes the carrier has raised the issue of preauthorization. Preauthorization was not obtained for CPT Code 97124. Therefore, no reimbursement is recommended.
8-14-01	99213	\$70.00	\$-0-	N	\$48.00	MFG; Medicine Ground Rules (I) (A) (7) (8); CPT Descriptor	The Carrier has denied the disputed services as "N". The documentation reviewed for date of service 8-14-01 supports that two of the three required components were documented. Documentation supported a expanded problem focused examination and decision making of low complexity. Therefore, reimbursement is recommended in the amount of \$48.00 .
8-14-01	97265	\$50.00	\$-0-	A, F	\$43.00	TWCC Rule 134.600 (h) (10) (A); CPT Descriptor	The Carrier has denied the disputed services as "A and F". In both denial codes the carrier has raised the issue of preauthorization. Preauthorization was not obtained for CPT Code 97265. Therefore, no reimbursement is recommended.
8-14-01	97150	\$120.00	\$-0-	A, F	\$27.00	TWCC Rule 134.600 (h) (10) (A); CPT Descriptor	The Carrier has denied the disputed services as "A and F". In both denial codes the carrier has raised the issue of preauthorization. Preauthorization was not obtained for CPT Code 97150. Therefore, no reimbursement is recommended.
Totals		\$662.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$48.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$48.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

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